



**GOOD SHEPHERD LUTHERAN SCHOOL**

99 Central Park Road, Plainview, N.Y. 11803

(516) 349-1966

contact@gsplainview.org

www.gsplainview.org

**APPLICATION FOR ENROLLMENT 2019-2020**

**(Non-refundable application fee is \$140)**

Please check appropriate choice of program:

**School Year Programs: September through June\*\***

- Toddler:** (18 - 36 months)
    - Half Day 9:00am - 11:30am, 2 days T,Th
    - Half Day 9:00am - 11:30am, 3 days M,W,F
    - Half Day 9:00am - 11:30am, 5 days M - F
    - Full Day 9:00am - 3:00pm, 3 or 4 days/week  
Circle days: M, T, W, Th, F
    - Full Day 9:00am - 3:00pm, 5 days M - F
  - Nursery:** (3 years by Dec. 31, 2019)
    - Half Day, 9:00am - 11:30am, 3 or 4 days/week:  
Circle days: M, T, W, TH, F
    - Half Day, 9:00am - 11:30am, 5 days M - F
    - Full Day, 9:00am - 3:00pm, 3 or 4 days/week:  
Circle days: M, T, W, TH, F
    - Full Day, 9:00am - 3:00pm, 5 days M - F
  - Pre-Kindergarten:** (4 years by Dec. 31, 2019)
    - Full Day, 9:00am - 3:00pm, 3 days/week  
M, W, F
    - Full Day, 9:00am - 3:00pm, 4 days/week  
Circle 4 days: M, T, W, TH, F
    - Full Day, 9:00am - 3:00pm, 5 days M - F
- \*\*Before and After Care Programs are offered  
September through June for School Year children  
from: 7:00AM – 9:00AM and from 3:00PM – 6:00PM.**

**Daycare/Extended Programs:**

**July/September through August**

*\*Only closed major holidays and  
the week of August 26<sup>th</sup> – 30<sup>th</sup>*

- Infant Daycare:** (6 weeks to 18 months)
- Toddler:** (18 months to 36 months)
- Nursery:** (3 years by Dec. 31, 2019)
- Pre-Kindergarten:** (4 years by Dec. 31, 2019)

**All Daycare/Extended program hours are:**

**7:00am - 6:00pm, Monday - Friday**

**Please check one:**

**My child will begin in July.**

**My child will begin in September.**

**OPTIONAL REQUEST**

I request Ms./Mrs. \_\_\_\_\_  
as my child's teacher. I understand that this request  
will be given every consideration, but may not be  
honored due to class ratios and enrollment.

\_\_\_\_\_  
Parent Signature

**FAMILY INFORMATION (Please Print)**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
City State Zip

Preferred Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**PARENT AND/OR GUARDIAN INFORMATION:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mom's cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Mom's Work Telephone: \_\_\_\_\_ Dad's Work Telephone: \_\_\_\_\_

Mom's Employer: \_\_\_\_\_ Dad's Employer: \_\_\_\_\_

Please complete back side



**CHILD'S PERSONAL INFORMATION**

Preferred Name: \_\_\_\_\_

Does your child speak English proficiently? Yes \_\_\_ No \_\_\_

What other language does your child speak? \_\_\_\_\_

List Allergies/Medical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check any/all that apply:**

- American Indian or Alaskan Native
- Black (not Hispanic origin)
- Asian or Pacific islands
- Hispanic
- White (not Hispanic origin)

School District: \_\_\_\_\_

**We are required to report racial and school district information to the New York State Department of Education for statistical purposes only.**

**How did you hear about Good Shepherd Lutheran School?**

Currently Enrolled \_\_\_ Friend \_\_\_ Advertisement \_\_\_ Church \_\_\_ Website \_\_\_ Other \_\_\_

**CHURCH MEMBERSHIP (we offer a Good Shepherd Lutheran Church member discount):**

Please list family member name: \_\_\_\_\_

**Permissions:**

- I give permission for my child's name, address, phone number, etc. to be included on the class list.**  
(This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

\_\_\_\_\_  
Parent Signature

- I give permission for my child's picture to appear in brochures, publications, website, etc.**  
(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

\_\_\_\_\_  
Parent Signature

**COPY OF BIRTH CERTIFICATE OR PASSPORT REQUIRED:**

- I have submitted my child's proof of birth date with this application.

**APPLICATION FEE REQUIRED:**

- I have submitted a \$140 non-refundable application fee with this application.

**VALID MEDICAL FORM/RECORD OF IMMUNIZATIONS REQUIRED BY AUGUST 5, 2019:**

These are needed for school attendance. Medical forms are valid for one year since most recent exam.

Good Shepherd Lutheran School grants to students of any race, color, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed. The school reserves the right to alter our program offerings based on actual enrollment. Programs are subject to availability and are offered on a first-come, first-served basis.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Good Shepherd Lutheran School in working with my child. I understand that the \$140 application fee is non-refundable and a \$40 fee will be charged if I make a program change which differs from the original application. In addition, I agree to fulfill my financial obligations to Good Shepherd, as set forth in the Tuition/Fee Schedule, Payment Agreement, Payment Policy, and Refund Policy.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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## 2019-2020 Payment Agreement

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street Town State Zip

Preferred Email: \_\_\_\_\_

Program your child is enrolled in for 2019-2020 school year – please check one:

### School Year Programs: September through June

#### Toddler:

- 2 Half Days AM
- 3 Half Days AM
- 5 Half Days AM
- 3 Full Days
- 4 Full Days
- 5 Full Days

#### Half-Day Nursery:

- 3 Days/week
- 4 Days/week
- 5 Days/ week

#### Full Day Nursery:

- 3 Days/week
- 4 Days/week
- 5 Days/week

#### Full Day Pre-Kindergarten:

- 3 Days/week
- 4 Days/week
- 5 Days/week

### Daycare/Extended Programs: July/September through August

(Please circle July or September)

#### Infants:

- 5 Days  
(7:00 AM - 6:00 PM)

#### Toddler:

- 5 Days  
(7:00 AM - 6:00 PM)

#### Nursery:

- 5 Days  
(7:00 AM - 6:00 PM)

#### Pre-Kindergarten:

- 5 Days  
(7:00 AM - 6:00 PM)

*\*A first and last month deposit is required for all extended programs and payments are made on the 1<sup>st</sup> of each month.\**

### School Program Tuition

I intend to pay my school-year program tuition: (Please “✓” your chosen payment plan)

- 1-Payment Plan     2-Payment Plan     8-Payment Plan

Due

Due

Due

(6/1/2019)

(6/1/2019 & 1/1/2020)

(6/1, 9/1, 10/1, 11/1, 1/1, 2/1, 3/1, & 4/1)

- Continued - Please see other side -



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**Daycare/Extended Program Tuition**

I intend to pay my daycare/extended program tuition with the first and last month's deposit due by June 1<sup>st</sup>, 2019. I understand that all daycare/extended program payments must be made on the 1<sup>st</sup> of each month.

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Person responsible for making tuition payments: \_\_\_\_\_  
(Please Print)

*I have read the attached Payment Agreement defining the policies and procedures for all payments to Good Shepherd Lutheran School, including payment of Tuition and Before/ After Care.*

*I understand that changing to another program or days of attendance will result in a \$40 Change-of-Program Fee.*

*I understand that staffing, class configurations, and classroom locations are determined by the School Board and may change due to enrollment.*

*In filling out and signing this form, I acknowledge that all Payment Agreement documents have been read and I accept the terms.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date



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## Payment Policy

Good Shepherd Lutheran Church and School is committed to providing for the needs of all the children in our care. The timely payment of tuition and fees is necessary for our programs to operate. We make every effort to keep tuition and fees at a reasonable level and are appreciative of your cooperation. The regulations regarding the payment of tuition have been established by the School Board and Congregation Council and apply to all students. All families must select a payment plan, sign, and return the attached Payment Agreement immediately.

**Please do not return this page with your agreement; it is yours to keep for future reference.**  
**Please note the following terms regarding Tuition and Before-After Care Payments.**

1. Tuition payments are due by the first day of the month in which they are due. School program tuition is paid as per your selected payment plan; 1-Payment (6/1), 2-Payment (6/1 & 1/1), 8-Payment (6/1, 9/1, 10/1, 11/1, 1/1, 2/1, 3/1, & 4/1). All infant daycare and extended care program payments are due on the 1<sup>st</sup> of each month; a last month's deposit is also required for these daycare/extended programs.
2. Before-After Care is billed separately at the close of each month. Payment is due on the 10th of the following month and should be made online using the ProCare system or should be dropped off in the office by the 10<sup>th</sup> of the month.
3. Should a tuition and/or before-after care payment not be received by the 10th of the month in which the payment is due, a late fee will be assessed to each as applicable. The late fee is \$25 or 5% of the payment due, whichever is greater. When the 10th falls on a non-school day (i.e.: weekend, holiday, snow day) payment is due the NEXT day school is in session, **whether your child is scheduled to attend that day or not**. An additional late fee will be assessed each subsequent month in which the payment is not received by the 10th. **If you are placing a payment in a child's tote bag, please alert the teacher, so that the payment is received in a timely fashion.**
4. Tuition and Before-After Care payments may be combined, but must be clearly delineated, so the correct account is credited.
5. If payment is made in cash, **the exact amount is required**; you will get a receipt signed by school personnel.
6. Should any payment fall 60 days or more into arrears, your child may not be permitted to attend class.
7. Any student with an overdue account balance at the end of the school year will not receive a report card. Records for transfer will not be released until payment in full is received.
8. All current and prior outstanding balances must be paid in full before the application and \$140 fee for the following school year will be accepted. The \$140 application fee will be waived for students moving to the next extended care program, e.g. if a student is moving from infant daycare to the extended toddler program, the \$140 application fee is waived.
9. In the event a check is returned to us from the bank, a \$25 fee will be billed. We will not re-deposit the bounced check. If payment is not made within 10 days of notification, a late fee will be assessed.
10. Requests for tuition refunds in the event of emergency withdrawal from the program must be in writing and received prior to withdrawal. No refunds will be made for school closings or vacations. No refund will be made for sickness, except in the event a child misses more than one month of school and the illness is documented by a doctor's note.
11. If tuition payment for the pending school year is not received by June 30<sup>th</sup> and no response is made to late notices, your child's classroom space will be forfeited.
12. A \$40 Change-of-Program fee will be assessed if a change is made to a different program after the original application is received. This fee may also be assessed if the days of attendance are changed.
13. If any extenuating circumstances arise regarding failure to adhere to the Payment Agreement, please notify the Director as soon as possible.

Revised as of November 2018



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## REFUND POLICY

<u>WITHDRAWAL DATE</u>	<u>Non-Refundable AMOUNT</u>
By last business day of June	None (Full tuition refund)
By last business day of August	1/16 of 8 pay plan
By last business day of September	1/8 of 8 pay plan total
By last business day of October	2/8 of 8 pay plan total
By last business day of November	3/8 of 8 pay plan total
By last business day of December	4/8 of 8 pay plan total
By last business day of January	5/8 of 8 pay plan total
By last business day of February	6/8 of 8 pay plan total
By last business day of March	7/8 of 8 pay plan total

**As of April 1<sup>st</sup> no refund will be given.**

The penalty amount will be deducted from payments made up to the date of withdrawal.

## GOOD SHEPHERD LUTHERAN SCHOOL 2019-2020 TUITION AND FEE SCHEDULE

**APPLICATION FEE FOR ALL PROGRAMS: \$140/CHILD, DUE WITH APPLICATION**

		PAYMENT PLAN				
		1	2		8	
		Due 6/1/2019	Total Tuition	Each payment due: 6/1/19 & 1/1/20	Total Tuition	Each payment due: 6/1, 9/1, 10/1, 11/1, 1/1, 2/1, 3/1, 4/1
Toddler Half Day (9-11:30am)	2 day	2,910	2,997	1,499	3,203	400
	3 day	4,320	4,450	2,225	4,754	594
	5 day	6,069	6,252	3,126	6,677	835
Toddler Full Day (9am-3pm)	3 day	7,076	7,288	3,644	7,787	973
	4 day	9,111	9,384	4,692	10,021	1,253
	5 day	10,892	11,219	5,610	11,980	1,498
Nursery Half Day (9-11:30am)	3 day	3,790	3,904	1,952	4,168	521
	4 day	4,362	4,493	2,247	4,797	600
	5 day	4,934	5,084	2,542	5,425	678
Nursery/Pre-Kindergarten Full Day (9am-3pm)	3 day	6,143	6,328	3,164	6,759	845
	4 day	7,839	8,074	4,037	8,624	1,078
	5 day	9,323	9,603	4,802	10,259	1,282
Infant Day Care/Extended Care (available 5 days/week from 7am to 6pm)	Infant	\$1,750/month				
	Toddler	\$1,670/month				
	Nursery	\$1,540/month				
	Pre-K	\$1,540/month				

Infant day care/extended care payments are due the first calendar day of each month the child attends, with the first and last months' payments due prior to the child attending.

**Additional child discount is 15% and applies to the child in the less expensive program.**

**Member Discount of 20% is available if one parent is a contributing and communing member in good standing.**